



STATE BAR OF GEORGIA

GRIEVANCE

CONFIDENTIAL

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ONLY
DO NOT ALTER THIS FORM

YOUR NAME: (Mr./Mrs./Ms.) J. Whitfield Larrabee

MAILING ADDRESS: 14 Searle Avenue Brookline MA 02445
Street or P.O. Box City State Zip

YOUR PHONE NUMBERS: (W) 857 991 9894 (H) _____

NAME OF THE ATTORNEY: Jay Alan Sekulow

Fill out a separate form for each attorney. Do not list law firms.

ADDRESS OF THE ATTORNEY: ACLJ RH-422 1000 Regent University Drive, Virginia Beach, VA 23464

DATE OF FIRST CONTACT WITH ATTORNEY: N/A DATE OF LAST CONTACT WITH ATTORNEY: N/A

DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? YES ☐ NO ☒ WAS THIS YOUR ATTORNEY? YES ☐ NO ☒

IS YOUR CASE: CRIMINAL ☐ CIVIL ☐ CASE # _____

COUNTY: _____ OR FEDERAL DISTRICT: NORTHERN ☐ MIDDLE ☐ SOUTHERN ☐

CLEARLY DESCRIBE YOUR COMPLAINT AND ATTACH SUPPORTING DOCUMENTS:

In representing Donald Trump, Sekulow violated the Georgia Rules of Professional conduct by counseling and assisting Michael Cohen, a former lawyer of Donald Trump, to testify falsely before the United States Congress.

In representing Donald Trump, Sekulow violated the Georgia Rules of Professional conduct by repeatedly and inaccurately telling members of the press that the President played no role in drafting a false statement of Donald Trump Jr. about a meeting with Russian individuals in Trump Tower. In fact, The President played an active in drafting the false statement.

Sekulow violated Rule 3.4 (b)(2) by aiding, abetting, counseling and assisting Cohen to testify falsely. Rule 3.4 (b)(2) provides that a lawyer shall not "counsel or assist a witness to testify falsely." Sekulow violated Rule 8.4(a)(4) of Georgia Rules of Professional Conduct that provides that a lawyer shall not "engage in professional conduct involving dishonesty, fraud, deceit or misrepresentation." See attached detailed complaint and its attachments.

If more space is needed, please attach other pages. Please do not write on the back.

Return to: **State Bar of Georgia**
Office of the General Counsel
104 Marietta St. NW, Suite 100
Atlanta, GA 30303

"I affirm that I have read and understand the information and instructions.
The information I have provided here is true to the best of my knowledge."

SIGNATURE: J. Whitfield Larrabee
DATE: 6/12/2019

OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU.

NAME OF CONTACT PERSON: _____

PHONE NUMBERS OF CONTACT PERSON: (W) _____ (H) _____